

YOUTH SERVICES POLICY

Title: Youth Classification System and Treatment Procedures Next Annual Review Date: 01/15/2013	Type: B. Classification, Sentencing and Service Functions Sub Type: 2. Classification Number: B.2.2
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References: La. R.S. 14:2; La. Children's Code Articles 116 (24.2) and 897.1; ACA Standards 2-CO-4B-01, 2-CO-4B-03 & 2-CO-4B-04 (Administration of Correctional Agencies); 4-JCF-4D-04, 4-JCF-4D-05, 4-JCF-5B-01, 4-JCF-5B-02, 4-JCF-5B-04, 4-JCF-5C-02, 4-JCF-5C-03, 4-JCF-5C-05, 4-JCF-5C-06, and 4-JCF-5C-07; (Performance-based Standards for Juvenile Correctional Facilities); YS Policies B.2.1 "Assignment, Reassignment, Release and Discharge of Youth", B.2.3 "Direct Admission", B.2.7 "Youthcare - A Behavior Management System", B.2.13 "Early Release", B.2.14 "Secure Care SAVRY", B.3.1 "Composition / Location / Retention of Active and Inactive Secure Care Youth Records", B.3.2 "Access to and Release of Active and Inactive Youth Records", B.5.1 "Youth Code of Conduct", B.6.1 "Health Care", C.2.11 "Prison Rape Elimination Act (PREA)", B.7.2 "Education and Work Experience Incentive Program", C.4.1 "Furlough Process and Escorted Absence", C.5.1 "Performance Data and Information", C.5.3 "Quality Assurance Reviews - Central Office Audits, Secure Facilities and Regional Offices; D.10.4 "Community Supervision Classification System"; the Case Management Audit Checklist and the Social Services Manual	
STATUS: Approved	
Approved By: Mary L. Livers, Deputy Secretary	Date of Approval: 11/30/2011

I. AUTHORITY:

Deputy Secretary of Youth Services as contained in La. R.S. 36:405. Deviation from this policy must be approved by the Deputy Secretary.

II. PURPOSE:

To set forth uniform policy and broad procedures governing the youth classification process.

III. APPLICABILITY:

Deputy Secretary, Assistant Secretary, Undersecretary, Deputy Undersecretary, Chief of Operations, Deputy Assistant Secretaries, Facility Directors, Regional Managers, all Youth Services employees assigned to classification responsibilities, contracted health care providers, and all youth. Facility Directors are responsible for developing written standard operating procedures to implement this policy.

IV. DEFINITIONS:

Behavior and Accommodations Binder (BAB) – A binder containing the Initial Behavior Support Plan (IBSP) completed on youth with a history of requiring physical intervention, as well as the most current Unified Behavior Plan for Youth With Special Needs. The BAB will contain these two documents for youth residing in a particular housing area and shall be maintained in an area readily accessible to staff at all times. Staff shall be advised of the location, content and purpose of the binder as it relates to this policy, and shall review the BAB at the beginning of every tour of duty.

Brief Youth Interview Form - a form used to determine self-reported triggers and interventions for youth diagnosed as Mentally Retarded (MR) that have worked with the youth in the past.

Case Manager - A generic term used within a secure care facility to identify members of the counseling profession, e.g., Social Services Counselor, Clinical Social Worker, Program Manager, Group Leader, or a treatment team member assigned to manage a youth's case.

Classification - The process which determines assignment to a custody level, program participation within available services, and assignment to the most appropriate facility.

Community Based Services (CBS) - formerly known as the Division of Youth Services, CBS includes all regional offices located throughout the state.

Contracted Health Care Provider – contracted licensed practitioners responsible for the physical and mental well-being of the secure care youth population. Services include medical, dental, and mental health services, nursing, pharmacy, personal hygiene, dietary services, health education, and environmental conditions.

Custody Level - An assignment to one of three designations (i.e., maximum, medium or minimum), that relates to the youth's eligibility for, but not necessarily limited to, housing assignment, work assignment, furlough/recreation, and movement within the perimeter of a secure care facility.

Data, Assessment, Goal, and Plan (DAGP) Format – A standard format for writing Weekly Contact Progress Notes that includes **Data** (information obtained from talking with the youth and from observation); **Assessment** (the counselor's assessment of the information and of the client's current functioning); **Goal** (purpose of the plan); **Plan** (the plan for the next session, may include homework assignments, etc.) necessary to the goal.

Discharge - The termination either by a court order or expiration of a court order of Youth Services' (YS) legal responsibility for a youth. (i.e. custody or supervision)

Early Release - The process by which OJJ seeks court approval to move a youth from secure care prior to his full term date. If granted, the court may authorize YS to do one of the following: step the youth down to nonsecure; release the youth from YS custody and return the youth to the community under supervision, or terminate the youth's disposition.

Juvenile Electronic Tracking System (JETS) - the centralized database used to track all youth under OJJ supervision or custody, and to record youth case record activity.

Juvenile Justice Specialists (JJS) – Formally referred to as custody staff, security staff, Youth Care Officer, and Youth Care Worker.

LAMOD – a holistic therapeutic approach to how we engage, work with, and treat youth, staff, families, and communities.

Non-Secure Placement – a placement that provides housing, supervision and rehabilitative care for youth between the ages of 12 and 17 in the custody of YS. These facilities are usually characterized by a lack of physical security such as perimeter fences, security locks, and controlled access.

Override - Objective consideration that can be used to alter a youth's custody level.

Primary Case Manager - The Case Manager assigned by a Social Services Supervisor upon transfer to the youth's assigned housing unit.

Qualified Mental Health Professional/Mental Health Treatment Professional (QMHP/MHTP) - includes psychiatrists, psychologists, social workers, and others who, by virtue of their education, credentials, experience, or with appropriate supervision, are permitted by law to evaluate and care for the mental health needs of patients. QMHP refers to staff of OJJ; MHTP refers to staff of contracted mental health treatment providers.

Reassignment - The authorized transfer of a custody youth by the Deputy Secretary/designee from one secure care facility or program to another.

Regional Offices - all CBS regional offices located throughout the state.

Reintegration/Service Plan (RSP) – Initial and Formal RSP – An initial RSP shall be developed within 48 hours of a youth's arrival to a Direct Admission Unit at a secure care facility. The initial RSP specifies problem need areas already identified by the initial or latest SAVRY reassessment conducted by CBS. The goals, objectives, and the methods used to attain them while the youth is in secure care shall be updated during intake, including the role of the youth and staff. Development of this plan is accomplished through review of the youth's SAVRY, the youth's record, and is a collaborative effort between the Case Manager and the youth.

The formal RSP is further developed by the assigned Case Manager within seven (7) working days of receipt of the contracted health care provider's Psychological Evaluation. The treatment needs are prioritized based upon a review of the youth's SAVRY dynamic risk factors rated High, and in some cases Moderate, the youth's record, and any additional recommendations made by the Psychological Evaluation. The formal RSP is modified throughout the youth's stay as need areas are identified, partly based on the dynamic SAVRY risk/need factors. The RSP also identifies follow-up services needed by the youth upon release to facilitate a successful transition and reintegration back into the community. The plan is coordinated with CBS, and shall be used when completing the aftercare plan.

Secure Care Center for Youth – "a living environment characterized by a range of moderate to high security level facilities that include construction, fixtures and staff supervision designed to restrict the movements and activities of the residents, and to control, on a 24-hour basis, the ability of the residents to enter and leave the premises, and which are intended for the treatment and rehabilitation of children who have been adjudicated delinquent." [Ch.Code Article 116(24.2)]

The secure care centers operated by YS are as follows:

Bridge City Center for Youth (BCCY)
Jetson Center for Youth (JCY)
Swanson Center for Youth (SCY)

Secure Care Placement - The type of physical constraints (architectural and/or environmental) appropriate for a particular youth who is determined by the court and by CBS evaluation to require the most secure setting.

Structured Assessment of Violence Risk in Youth (SAVRY) - an evidence-based assessment designed to assist professionals in making judgments about a youth's needs for case planning. This assessment comprises 24 risk/need items which were identified in existing research on adolescent development and on delinquency and aggression in youth. Six protective factors are included in the SAVRY, which have also been identified by current research as potentially mitigating the risk of future violence and delinquent activity.

Transfer Request Form (TRF) - a form generated through the Case Management database located in Lotus Notes.

Unified Behavior Plan – A document developed by youth's Case Manager and maintained on youth designated by the contracted health care provider as MR. This plan shall include any physical limitations and/or precautions that staff must be aware of in the event a physical intervention is necessary.

V. POLICY:

It is the Deputy Secretary's policy that individual youth program planning shall encompass a concern for the primary objectives of providing protection for the public, staff and youth, reducing the risk of delinquent behavior, and enhancing youth growth and development. This may be accomplished through the use of the SAVRY, a coordinated delivery of a continuum of services, and supervision that provides for youth involvement, the assignment of a youth to a primary facility Case Manager and, whenever possible the youth remaining close to his home community.

Facility Directors shall develop internal procedures regarding the appropriate supervision levels of youth based on their classification and SAVRY summary risk rating outcomes. These procedures shall include, but not be limited to, housing unit assignments, furlough eligibility, visitation restrictions, off-campus movements, all on-campus movement, and appropriate required backup documentation

VI. INITIAL CLASSIFICATION PROCEDURES:

A. *Data Collection* - serves as the foundation for the case assessment and for all future case planning. Data collection requires the coordinated efforts of all staff of the regional offices and secure care facilities or programs using the widest range of resources available in gathering information to be used in the case planning process.

Accordingly, the following information, if available, is considered essential to the custody/need case planning process, and shall be gathered through a formal interview:

1. Commitment Order;
2. Certified True Copy of Court Order;
3. Court Face Sheet;
4. Assessment Summary Sheet;
5. Pre-dispositional or Social History;
6. Initial SAVRY summary risk rating score;
7. Educational Assessment;

8. JETS Records; and
 9. Current Reintegration Service Plan (RSP) developed by CBS.
- B. *Initial Case Plan and Treatment Services* - having collected all the necessary information, an updated RSP shall be developed and entered in JETS for all youth assigned to a Direct Admission Unit, generally within a target time period of 48 hours of placement. (Refer to the RSP in JETS)

The youth shall be oriented to LaMOD, the Youth Code of Conduct, and be prepared for involvement in the treatment process by utilizing motivational interviewing techniques to help the youth become ready for involvement in the treatment process with the goal of successful reintegration into society. Orientation shall be listed as a Need Area on the updated RSP during Direct Admission.

In addition, a maximum of three (3) High (especially critical) risk/need dynamic factors indicated on the SAVRY summary risk rating, already completed by CBS, shall be identified as need areas on the RSP. If three (3) High risk/need areas are not indicated on the SAVRY, the Moderate need areas identified shall be included.

As part of the Direct Admission process, all youth shall sign a written notification that they have been advised of the initial staffing process, utilizing the attached "Notice of Classification Case Staffing" form. If a youth refuses to sign, it shall be noted on the form and witnessed by a staff member. The Notification of Initial Classification Case Staffing form shall be filed in the youth's Master Record under Clip VIII.

Two (2) weeks prior to the initial case staffing, the youth's Case Manager shall send a letter of invitation to the youth's parent/guardian. The letter will advise the parent/guardian that they are the only people, other than OJJ staff, who are invited to and allowed to attend the staffing(s). The mailing of this letter shall be documented on a Weekly Contact Progress Note form in JETS, within three (3) working days, with a hard copy of the letter of invitation placed in the youth's Master Record under Clip VIII.

The Initial Custody Classification form shall be completed and entered in JETS by the Case Manager within 48 hours of admission.

The attached Severity of Offense Scale dated November 2011 shall be utilized to determine the severity of the offense when calculating the Initial Custody Classification.

The initial case staffing shall be convened by the Case Manager and consist of the following designated staff, who shall review the SAVRY summary risk rating along with other pertinent information regarding the youth:

- a. Juvenile Justice Specialist (JJS) assigned to the youth's housing unit;
- b. Social Services staff member trained on the SAVRY;
- c. the youth; and
- d. other staff identified by the Case Manager as significant to the youth making a positive adjustment.

The updated RSP shall be completed and entered in JETS prior to the youth's transfer from Direct Admission to his assigned housing unit. A hard copy of the signature page shall be filed in the youth's Master Record under Clip II.

- C. *Direct Admission Staffing and Initial Case Review* - A review of cases designated to determine the appropriate housing assignment for the youth shall be conducted by a multi-disciplinary staffing consisting of the following:

- a. the youth's assigned Case Manager;
- b. the Group Leader/Assistant Group Leader;
- c. a JJS from the youth's assigned housing unit;
- d. contracted MHTP;
- e. contracted medical staff;
- f. education;
- g. parent/guardian;
- h. the assigned PPO/J; and,
- i. other applicable staff.

Reports from the Direct Admission staff shall be reviewed when completing the youth's Initial Custody Classification form, and in making decisions about assignment. At the Direct Admission staffing, results of the Initial Custody Classification and the SAVRY shall be reviewed. The criteria for housing assignments shall include applicable risk factors based on age, gender, maturity, size, offense history, secure care behavior and/or program participation, current offense, education, mental health history, SAVRY summary risk rating for violence, alerts, and any special needs of the youth.

Finally, the case should be considered in light of any overrides before determining the appropriate recommendation of facility placement and custody level. All Initial Custody Classification forms determining custody level must be approved by the Treatment Director at the facility.

The Social Services Supervisor of the Direct Admission Unit is responsible for advising the Facility Director of unusual or exceptional cases or recommendations (Refer to YS Policy B.2.3). The youth's Case Manager shall document the initial case staffing on the RSP Summary of Case Staffing form in JETS within three (3) working days of the staffing. A hard copy with signatures shall also be filed in the youth's Master Record under Clip II.

D. Placement Process

After the youth transfers to his assigned housing unit, his assigned Case Manager shall review all assessments, observation of the youth's adjustment to the facility and staff, and parental contact prior to the development of the updated RSP. In some cases, appropriate care of the youth may dictate change in housing assignment or Case Manager to best effect rehabilitation. The Case Manager shall conduct a thorough review of the youth's Master Record and JETS record.

Once the youth has been transferred to the assigned housing unit, the following information shall be reviewed in the formulation of the updated RSP:

1. Contracted health care provider's Psychological Evaluation;
2. Medical History and Physical Assessment;
3. SAVRY need areas rated as High (and some Moderate);
4. Updated RSP; and
5. Any other pertinent documentation available in the youth's Master and JETS records.

The Case Manager shall review the information and develop an updated RSP specific to the needs of each youth within seven (7) working days after the receipt of the MH contractor's psychological evaluation. The updated RSP shall be entered in JETS within three (3) working days. Treatment needs shall be prioritized by the Case Manager based on a review of the record, recommendations of the assessments conducted during the direct admission process, and the results of the most recent SAVRY assessment or reassessment. Goals and objectives shall be specific to treatment services that are provided in the facility.

The RSP shall be updated as follows:

1. quarterly, **OR**
2. as staff become more familiar with the youth, **OR**
3. as other needs begin to surface that require immediate attention, **OR**
4. after each SAVRY reassessment and it is determined that dynamic SAVRY risk/need factors change as a result of identifying new needs or as needs are addressed with successful intervention.

Custody Reclassification staffings shall occur 90 days from the Initial Custody Classification completed during Direct Admission, unless otherwise warranted as noted above.

- E. The RSP is developed by the OJJ treatment staff and addresses social, behavioral, educational, and vocational needs of the youth which is completed through a multi-disciplinary staffing. The case plan outlines the relevant problems and/or need areas of the youth, and identifies the activities necessary to guide achievement of the desired results of change. The case plan serves as a management tool for the Case Manager, and an indication of the youth's progress in addressing relevant need areas.

A maximum of three (3) High (and if there are not 3 High need areas, some Moderate) risk/need factors in the youth's SAVRY risk rating, as well as need areas identified on the contracted health care provider's Psychological Evaluation will be addressed on the RSP.

The Case Manager shall go over the goals and objectives using terminology that the youth can understand, taking into consideration educational level and accommodations needed to help the youth successfully meet the goals/objectives of the treatment plan.

A Physical Health Care Plan is developed by the contract provider medical staff, and addresses chronic medical and dental problems that will require on-going care or unresolved acute problems that need to be addressed at the time of development of the RSP. The plan is entered in ERMA by the contracted health care provider.

A Mental Health Treatment Plan is developed by the contract provider mental health staff and addresses psychiatric and psychological needs of the youth. These are areas of concern typically associated with significant mental illness or emotional disturbance.

Additionally, any youth on psychotropic medication, regardless of the severity of the illness, shall have a treatment plan by the mental health contractor completed. In order to provide adequate and appropriate services for youth who have been identified in the Psychological Evaluation as either: (1) youth with an IQ below 70; (2) victims of sexual abuse or trauma; or (3) youth who have been identified as having a serious mental illness.

For youth adjudicated to secure care as a result of the commission of a sexual offense or youth currently diagnosed with a sexual disorder, and youth currently diagnosed with a substance abuse disorder or substance dependency disorder, an RSP shall be designed and implemented through consultation with the contracted health care provider.

All plans shall be completed unless the youth has no identified mental health or health needs, in which case the applicable plan should denote N/A.

VII. RECLASSIFICATION PROCESS:

- A. In order to provide for the most appropriate secure care facility assignment and program involvement of each youth, it is essential that cases be reviewed for reclassification on a quarterly basis (no later than three (3) months from the Initial Classification), with subsequent reclassifications to follow a minimum of every three (3) months, and documented on the Custody Reclassification form in JETS within three (3) working days. [see attached sample of the JETS Custody Reclassification document and the attached Custody Reclassification Form Instructions.] The Severity of Offense Scale shall be utilized to determine the severity of the offense when calculating the Custody Reclassification score. The Custody Reclassification score shall be reviewed and approved by the Treatment Director.
- B. Custody Reclassification may also occur at anytime based upon the youth's behavior or program participation. Each youth's custody status should be reviewed during the Weekly Team Meeting to assess whether a Reclassification Staffing should occur before the scheduled quarterly regional staffing. If a youth becomes eligible for an escorted pass, furlough, transfer to non-secure or an early release between Quarterly Reclassification Staffings, a staffing shall occur at that time.
- C. A Custody Reclassification form must be completed in JETS on any youth who is arrested or charged as a felon for acts occurring while housed at any secure care facility and for which no court action has been taken. This override directive does not apply if the charge is *nolle prossed* (withdrawn by the Prosecutor) or if there is substantial reason to believe that the case will not go to trial.

- D. Staffings shall be conducted in such a manner so as to eliminate the presence of any staff, and particularly youth, not directly related to the youth's case. Reclassification staffings shall be attended by the Case Manager, and at least two other disciplines, to include:
1. the Central Office Program Coordinator;
 2. a representative from the school (who shall bring the youth's progress from his teachers, or special education teacher if the youth is receiving SSD #1 services);
 3. a JJS supervising the youth in the youth's assigned housing unit, or a supervisor; and
 4. the regional PPO/J or representative;

In addition to the above, the Case Manager shall communicate with the contracted medical and mental health staff prior to the staffing to insure there are no issues concerning the youth's treatment, compliance with medication, etc. Information gathered from this contact shall be shared by the Case Manager at the staffing, and also documented on a Weekly Contact Progress Note in JETS within three (3) working days of the staffing. Contracted medical and mental health staff is not required to attend Quarterly Reclassification Staffings.

- E. If education or the JJS is not represented at the staffing, written comments or reports are required and shall be considered. These reports shall be filed in the youth's Master Record in the appropriate clip as designated in YS Policy B.3.1.
- F. Reclassification shall help monitor the youth's progress, reveal any problem areas that need attention, provide for discussion of Code of Conduct Violations received during the quarter, and for the discussion of interventions that can be utilized to change/alter the youth's behavior. However, if the youth is doing well reclassification does not imply that there must be a change in the youth's program or custody level.
- G. The youth and the parent/guardian shall be encouraged to attend the staffing and participate in the discussion. The youth shall be provided with sufficient Notice of Reclassification Case Staffing a minimum of 24 hours prior to the staffing. A copy of the Notice of Reclassification Case Staffing form shall be filed within three (3) working days in the youth's Master Record under Clip VIII.

The Case Manager shall also mail a letter of invitation to the parent/guardian two (2) weeks prior to the scheduled staffing, advising the parent/guardian that they are the only people, other than OJJ staff, who are invited to and allowed to attend the staffing(s). The mailing of this letter shall be documented on a Weekly Contact Progress Note form in JETS within three (3) working days, with a hard copy of the letter of invitation placed in the youth's Master Record under Clip VIII.

If the parent/guardian cannot attend the staffing, the Case Manager shall indicate the reason why on the RSP Summary of Staffing form in JETS within three (3) working days.

- H. At the staffing, the Custody Reclassification form is completed and entered in JETS within three (3) working days. The RSP Summary of Staffing form shall be utilized to document the staffing process to include any changes in goals, objectives, and release planning. A notation is to be made regarding program participation relative to the frequency, duration, and involvement in objectives as defined in the RSP.
- I. A new RSP Summary of Staffing form shall be generated with signatures, dates, and titles for each custody reclassification staffing. The completed RSP Summary of Staffing form must be entered in JETS, regardless of whether new goals or objectives are reflected, within three (3) working days, with a hard copy containing signatures filed in the youth's Master Record under Clip II.
- J. The Quarterly Reclassification Staffing shall be used to develop the JETS Quarterly Progress Report to the court of continuing jurisdiction every quarter, using the attached Progress Report Format Guidelines. The quarterly report to the court must be completed and entered in JETS by the Case Manager, approved by both the Director and Treatment Director within five (5) working days of the reclassification staffing, and submitted to the court within 14 days following the staffing. The staffing shall help to determine if a youth has met the guidelines for or should otherwise be considered for a recommendation for furlough, reassignment, release, or discharge from a secure setting. If a youth is not making progress the treatment team shall discuss strategies for addressing the impediments to progress, and shall modify the RSP accordingly in JETS within three (3) working days of the quarterly staffing.
- K. Upon completion of the Reclassification Staffing, the Custody Reclassification form shall be entered in JETS.

- L. Approval and authorization at reclassification shall be conducted in the context of concern for the safety of the public, safety of staff and youth, and the youth's growth and development. The treatment team, Treatment Director, and the Facility Director shall take into account the SAVRY summary risk rating when making final decisions on the youth's custody level. The Custody Reclassification form shall be reviewed and approved by the Case Manager's Supervisor in JETS. The Case Manager and the Supervisor are responsible for advising the Facility Director of unusual or exceptional cases or recommendations.
- M. In the event that an override is needed, refer to the attached Custody Reclassification Form Instructions.
- N. At the conclusion of each case staffing and subsequent reclassification staffings, the youth may upon request have access to the Initial Custody Classification or Reclassification documents and the RSP, in accordance with YS Policy B.3.2.
- O. Six (6) months following Direct Admission, and subsequently every six (6) thereafter while a youth is in a secure care facility, an updated photo of the youth shall be taken during the Quarterly Reclassification Staffing. The updated photo shall be forwarded to the main Control Center, the contracted health care provider, and a copy placed in the youth's Master Record under Clip VIII, immediately following the staffing process.

VIII. PROVISION OF SERVICES TO YOUTH:

- A. Types of counseling services available to youth are as follows:
 - 1. Individual Counseling - one-on-one direct therapeutic intervention by the Case Manager addressing core need areas identified per the RSP or other problem area as stipulated below.

It shall also be regular and routine practice for the Case Manager to have an individual counseling session with a youth promptly when one of the following events occurs:

 - a. The youth is in danger of having his/her custody level increased due to an increased number of Code of Conduct Violations;
 - b. The court denies the youth an early release;
 - c. The facility either removes the youth from the short-term program or extends the youth's time in the program; or
 - d. The facility decides not to recommend the youth for early release although the youth has maintained a minimum or medium custody level.

These counseling sessions shall be designed to help the youth develop concrete strategies for dealing with the problem(s). These individual counseling sessions do not replace or substitute for the youth's regular weekly individual counseling sessions with the Case Manager.

2. Group Counseling - consists of therapeutic interventions by the Case Manager with a group of youth to solve a common problem (i.e., anger management, substance abuse, etc.).
 3. Crisis Counseling - a type of brief treatment for a youth in which the Case Manager assists with an immediate problem (i.e., trauma due to abuse, recent fight or suicide ideation or attempt).
- B. The primary Case Manager is the key facility staff member who ensures that the youth under their charge receives the services necessary to meet his/her unique needs. The primary Case Manager is also responsible for gathering data from various services/disciplines and assimilating these services and information into an appropriate RSP that will help to guide the youth's successful re-entry into the community. An assessment of the youth's progress toward meeting the individual RSP goals shall be done monthly and documented on the Monthly Assessment of RSP Progress form in JETS. This information shall be used when the multi-disciplinary team meets quarterly to conduct the regional staffing. A hard copy of the Monthly Assessment of RSP Progress with signatures shall be filed in the youth's Master Record under Clip II.
- C. The Case Manager and Supervisor should be in continual communication to discuss the youth's case, including the intervention style used by the Case Manager and the need for a special staffing, etc.
- D. Treatment staff shall conduct group and individual counseling to address need areas identified in the updated RSP. Unless exigent circumstances dictate otherwise, contact with the youth shall be made a minimum of six (6) times per week through individual and/or group counseling or more if clinically indicated or a behavioral adjustment problem exist.
- E. Individual one-on-one counseling contacts shall occur once (1x) per week for a minimum of 30 minutes and shall occur in a private designated counseling area. During this time the Case Manager shall address all need areas in the youth's RSP, continue monitoring the youth per the RSP, and address any other issues or concerns. The individual counseling sessions shall be documented on the Weekly Contact Progress Note form using the DAGP format, and entered in JETS within three (3) working days of contact. All Weekly Progress Contact Notes shall reflect the date and time (a.m./p.m.) with the Case Manager's full name and title.

- F. Group counseling contacts shall occur a minimum of five (5) times per week, for a minimum of 45 minutes in duration. Need areas in the youths' RSP shall also be addressed in group. Group counseling sessions shall be documented on the LAMOD Weekly Group Assessment form in JETS, within three (3) working days and reflect the date, time, topic, facilitators name and title, type of group, group session number, and the location where the group was conducted. All entries in JETS shall be individualized based on the youth's level of participation/progress in the treatment process.
- G. Pertinent informal contacts (i.e., family issues, educational concerns, medical issues, reports of alleged abuse, and emotional distress) shall also be entered in JETS, utilizing the Weekly Contact Progress Notes form within three (3) working days of contact. Progress Note entries shall be signed (full name and title), and dated at the end of each entry by the Case Manager or person making the entry, indicating their professional affiliation.
- H. All contacts with family members during weekend or special visitation shall be documented on the Visitation - Family Contact Progress Note form in JETS, and entered within three (3) working days of contact by the Case Manager working visitation at the time of contact. If the youth does not receive visits a form shall be completed in JETS on a quarterly basis prior to the youth's Quarterly Reclassification Staffing, denoting the lack of visits by the assigned Case Manager.
- I. Multi-disciplinary difficult case staffings may be conducted outside of the regularly scheduled quarterly staffings if there are immediate concerns about a youth. Issues that may prompt the scheduling of a difficult case staffing would consist of medical, mental health or behavioral issues that have caused the youth to have difficulty functioning in general population or have caused safety concerns.

The multi-disciplinary treatment team shall meet to develop a future plan for the youth to best meet his needs and assign specific staff to monitor and enforce the treatment plan. A specific behavior plan shall be developed for youth with mental health or behavioral issues that are preventing the youth from progressing in treatment or are causing disruptions to programming. Prior to consideration for transfer to the Winter Program, staff are required to have conducted at least one difficult case staffing and adequately implemented a behavior plan with incentives to prompt a change in behavior.

IX. MR YOUTH INITIAL CLASSIFICATION / RECLASSIFICATION / PROVISION OF SERVICES:

Unless otherwise noted below, all other processes outlined throughout this policy shall be adhered to.

A. Seven (7) Day Staffing Review

1. Upon receipt of the contracted health care provider's Psychological Evaluation advising of a special needs youth, the assigned Case Manager shall schedule and conduct a seven (7) day staffing review to develop the initial RSP and the Unified Behavior Plan (UBP) in JETS. The UBP shall be reviewed with the youth by the assigned Case Manager within 48 hours of the staffing. The Plan shall be entered in JETS within three (3) working days of the staffing, and a copy with signatures shall be placed in the youth's Master Record in Clip II.
2. The seven (7) day staffing shall be conducted in such a manner so as to eliminate the presence of the youth being reviewed, as well as other staff not directly related to the youth's case. The staffing shall be attended by the Case Manager, and the following staff:
 - a. Group Leader/Assistant Group Leader;**
 - b. JJS from the youth's assigned housing unit or a Supervisor;**
 - c. SSD#1 / Education / School Psychologist staff;**
 - d. Contracted MHTP;**
 - e. Contracted medical staff for youth on the Chronic Medical List,**
 - f. Youth's assigned Mentor;
 - g. Parent/Guardian, if possible; and
 - h. Assigned PPO/J

(presence of this individual is required**)**

3. Prior to the seven (7) day staffing:
 - a. A minimum of 24 hours prior to the staffing, the Case Manager shall conduct a brief interview with the youth utilizing the Brief Youth Interview Form in JETS to determine self-reported triggers and interventions that have worked in the past. The form shall be entered in JETS within three (3) working days of the youth contact.

4. The following information shall be reviewed in the formulation of the updated RSP and the UBP:
 - a. Contracted health care provider Psychological Evaluation;
 - b. Initial SAVRY summary risk rating;
 - c. Individualized Education Plan (IEP);
 - d. Brief Youth Interview form;
 - e. Medical/Mental Health information (provided by MHTP/medical staff);
 - f. Other staff observations;
 - g. Parent/Guardian; and
 - h. Assigned PPO/J input.
5. On the date of receipt of the Psychological Evaluation, the Case Manager shall notify the youth's parent/guardian by telephone to inform them of the staffing to occur in seven (7) days.
6. Within 48 hours following the staffing the Case Manager shall review the UBP with the youth.
7. Within three (3) working days of the seven (7) day staffing, the Case Manager shall enter the updated RSP and UBP in JETS. A copy of the RSP Summary of Staffing form with signatures shall be placed in the youth's Master Record in Clip II.
8. Within seven (7) working days, a copy of the UBP shall be distributed to the following:
 - a. Youth's Master Record (with signatures);
 - b. JJS assigned to the youth's housing unit for placement in the Behavior and Accommodations Binder (BAB);
 - c. School personnel; and
 - d. Contracted health care provider's assessment record.

B. 30-Day Staffing Process

1. All youth designated as MR shall be staffed every 30 days following the initial seven (7) day staffing.
2. At each 30 day staffing the Brief Youth Interview Form and the UBP shall be generated following the guidelines established above.

C. 30-Day Review Process

For those youth with an MR designation, a Review shall occur in conjunction with the 30 day staffing to insure that if any updates are needed to the RSP, UBP or accommodations, they are noted at that time. Updates to the RSP shall be noted in JETS within three (3) working days of the Review.

D. Individual Counseling Sessions

1. For youth who are classified as MR, the Case Manager shall meet with the youth a minimum of two (2) times per week for an individual counseling session.
2. Special accommodations shall be put in place to address the needs of these youth, including the use of the following tools: a) therapeutic manipulatives; b) journaling; c) art work; and d) educational support services.
3. Case Managers and Supervisors shall meet twice (2x) per month to review the youth's progress. Documentation of the meeting shall be entered on the Weekly Contact Progress Note form in JETS within three (3) working days. The hard copy with signatures shall be placed in the youth's Master Record in Clip II.

E. Programming

Due to this special need population's propensity toward poor impulse control, all MR youth shall be engaged in Anger Management Group with their assigned Case Manager. These Groups shall be documented on the LAMOD Weekly Group Assessment form in JETS within three (3) working days.

F. Inter-agency Transfers

In the event a youth designated as MR requires transfer to another secure care facility, a conference (audio, video or telephone) shall be held between the sending and receiving facility to review and discuss the youth's UBP. The conference shall be documented on a Weekly Contact Progress Note form in JETS within three (3) working days of the conference.

X. UPDATING THE REINTEGRATION SERVICE PLAN (RSP) UPON RELEASE:

- A. The RSP shall be updated in JETS to document individual needs previously specified that require follow-up in the community upon the youth's release.

- B. The RSP shall be reviewed and updated in JETS within three (3) working days of monthly assessments, staffings, or SAVRY reassessments.
- C. All reviews and updates to the RSP shall also be documented on the Monthly Assessment of RSP Progress form and the RSP Summary of Staffing form in JETS within three (3) working days.
- D. A brief narrative shall be completed in JETS denoting goals and progression towards reintegration after each review.
- E. All efforts shall be made to ensure that every youth has a final RSP within 10 working days prior to release regardless of the youth's length of sentence.
- F. Release certificates shall not be signed without a completed, approved and updated RSP attached or an explanation as to why the plan is not attached. In those instances where a final RSP was not completed, written justification shall be documented on the Weekly Contact Progress Note form in JETS within three (3) working days. Verbal notification shall also be provided to the assigned supervisor by the assigned Case Manager. Appropriate follow-up shall be initiated to ensure that the youth receives a copy of the final RSP in these situations. A copy of the final plan shall be mailed to the youth, parent/guardian, and CBS Regional Office within seven (7) days of release, with the hard copy signature page placed in the youth's Master Record under Clip II.
- G. Court Dates / Early Release Notifications / Full-Term Dates
 - 1. For youth who have scheduled court dates, the Case Manager shall bring a copy of the finalized RSP to the hearing in case the youth is released from court.

This shall require preplanning on the part of the Case Manager in terms of identifying resources, with support from the appropriate CBS Regional Office for identified need area(s) that require follow-up in the community. A copy of the finalized RSP shall be given to the youth at court with a copy provided to the parent/guardian within seven (7) days of release. A hard copy of the signature page shall be filed in the youth's Master Record under Clip II.
 - 2. When youth are released on their full term date or the facility receives prior notification of release, the final RSP shall be completed 10 days prior to the release date or as soon as notification of release is received and forwarded to the Treatment Director for review and approval. A copy of the final RSP shall be provided to the youth and parent/guardian on the date of release, and the hard copy signature page shall be filed in the youth's Master Record under Clip II.

XI. INITIAL FACILITY ASSIGNMENT:

Assignment by each facility's Direct Admission Unit shall be in accordance with YS established guidelines. Variances necessary in order to maintain either the stability of the facility or to maximize the utilization of bed space shall be approved by the Deputy Assistant Secretary/Facilities or designee.

XII. HOUSING UNIT ASSIGNMENT:

When making housing unit assignments each facility shall consider the following risk factors, as applicable:

- a. age;
- b. gender;
- c. maturity;
- d. size;
- e. vulnerability to sexual assault as indicated by the risk factors identified in YS Policy C.2.11;
- f. prone to victimize other youth, especially in regard to sexual behavior, as identified in YS Policy C.2.11;
- g. offense history;
- h. current offense;
- i. secure custody behavior and/or program participation;
- j. education;
- k. mental health history;
- l. SAVRY summary risk rating for violence and general delinquency;
- m. Alerts; and
- n. any special needs of the youth.

XIII. MAXIMUM CUSTODY ASSIGNMENT:

- A. Youth assigned to maximum custody or who are rated as High risk for violence as a result of the SAVRY summary risk rating have generally demonstrated or implied behavior conditions comparable to escape risks or threat of danger to self and/or others, and are not eligible for early release or furlough. However, youth rated as High risk for delinquency may be considered for early release in accordance with the guidelines established in YS Policy No. B.2.1 and B.2.13.

- B. Youth sentenced under the provisions of La. Children's Code Article 897.1 or adjudicated delinquent for a sex offense for which the youth is required to register in accordance with YS Policy No. B.2.17 shall be eligible for off-campus privileges (i.e., work details or educational programs), and shall adhere to the guidelines set forth in YS Policy B.7.2.

XIV. INTER-DISCIPLINARY TRANSFERS:

- A. An Inter-disciplinary Transfer Committee shall convene prior to a youth's transfer from one facility to another. The committee shall meet to consider whether the youth's treatment, mental health needs, rehabilitation, and education taken as a whole would be better served at another facility in a specialized unit. The committee shall consist of representatives from the following areas/disciplines:
 - a. Assigned Case Manager or qualified representative;
 - b. Group Leader/Asst. Group Leader;
 - c. specialized treatment provider (MHTP/medical staff);
 - d. current teacher if youth is in school (SSD representative, if applicable);
 - e. JJS from youth's current housing assignment;
 - f. Assistant Director or designee;
 - g. assigned PPO/J;
 - h. parent/guardian; and
 - i. other service providers identified in the youth's treatment plan as available.
- B. The Central Office Director of Treatment and Rehabilitation / designee shall take part in staffings which involve the transfer of a youth into a specialized treatment unit; (i.e., JUMP, MHTU, Winter Program, or Shelter Care).
- C. When a youth is transferred, the Committee shall explain the reasons for the transfer on the attached Transfer Request Form (TRF) located in the Case Management database in Lotus Notes within three (3) working days, with a copy placed in the youth's Master Record under Clip II. The TRF must be approved by Central Office prior to the transfer.

- D. In emergency situations, a youth may be transferred to another facility without prior approval from the Inter-disciplinary Transfer Committee. Exigent circumstances exist when there is a substantial threat to the safety of the youth, or others or the security of the facility. In these circumstances, emergency transfers shall have the Deputy Assistant Secretary/Facilities approval (or designee only if the Deputy Assistant Secretary/Facilities is not available). The Inter-disciplinary Transfer Committee shall convene and review such transfers within 48 hours (excluding weekends and holidays) of the transfer.

XV. QUALITY ASSURANCE:

The process of monitoring the rehabilitation process is an extremely important part of YS. It is a method that enhances a Supervisors' ability to supervise and assist Case Managers/Social Services Supervisors in their role of helping youth. It also serves as a tool to assist administrators in the planning and decision making process. The quality assurance evaluation process shall not be left to chance or omitted. The Facility Treatment Director is ultimately responsible for ensuring that all required monitoring reviews as outlined below are being conducted in a timely manner.

- A. Youth Records – Social Services Supervisors shall be responsible for conducting random quality assurance reviews of a minimum of three (3) cases per week of the JETS and Master Records of Case Manager's under their supervision. Case reviews shall consist of one (1) youth assigned to a specialized unit and one (1) MR youth, if applicable. The purpose of the review is to ensure that need areas identified on the RSP are being addressed, to assess the quality of services being provided to the youth by the assigned Case Manager, to ensure required signatures are documented, and to ensure that the Master Record is in accordance with YS Policy B.3.1.
- B. Youth Records - Facility Treatment Directors shall monitor the quality assurance process conducted by Social Services Supervisors, ensuring that their selections include cases from all Case Managers under their supervision monthly, and that case reviews consist of MR youth and youth assigned to a specialized treatment unit, if applicable.
- C. Staffings - It is the Group Leader's responsibility to ensure that all staffings occur according to policy.
- D. Group Counseling - Group Leaders shall conduct random monthly quality assurance reviews of a minimum of two (2) groups per month in process on their assigned housing unit.

- E. Group Counseling – The Facility Treatment Director shall co-facilitate a minimum of one (1) group per month in a specialized unit / group to include the following:
 - a) Dorm Based Substance Abuse Program (JCY/SCY);
 - b) Clinic Based Substance Abuse Group (JCY/SCY);
 - c) Winter Transitional Unit (JCY); and
 - d) Shelter Care Program (SCY).
- F. Group Counseling – The Central Office Sex Offender Coordinator shall monitor one (1) required group per month of the following:
 - a) Dorm Based Sex Offender Program Groups(BCCY); and
 - b) Clinic Based Sex Offender Groups (BCCY/JCY/SCY).
- G. Group Counseling – The Contracted Mental Health Director shall monitor one (1) required group per month of the following:
 - a) Mental Health Transitional Unit Groups (SCY-MHTU); and
 - b) Transitional Mental Health Unit Groups (SCY-TMHU).
- H. The quality assurance tools authorized by Central Office shall be utilized to conduct the required Case Record and Group Counseling reviews noted above. The tools can be accessed through OJJ Share Point by logging on to <http://oydcosp/default.aspx>, and choosing the CQIS tab.
- I. Copies of all completed monitoring tools noted above shall be forwarded to the Central Office Director of Treatment and Rehabilitation one (1) week prior to a scheduled quarterly review. The completed tools shall be utilized by Central Office during quarterly treatment reviews at the secure care facilities to check for accountability and accuracy of the internal audits.







XVI. IMPLEMENTATION DATE:

This policy and the JETS forms associated with it shall become effective January 15, 2012.

Previous Regulation/Policy Number: B.2.2

Previous Effective Date: 05/29/09

Attachments/References:

		
Notice of Reclass Staffing 1-15-12 (2).docx	Severity of Offense Scale 11-1-11.docx	
		
Custody Reclass 1-15-12.pdf	Custody Reclass Instructions 1-15-12 (2).docx	Progress Report Guidelines 1-15-12.doc
		
Transfer Request Form.pdf		